Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number *(if known)* _____

Chapter you are filing under:

■ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee.	**Mark** First name _____ Middle name **Klein** Last name and Suffix (Sr., Jr., II, III)	**Camille** First name _____ Middle name **Klein** Last name and Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years Include your married or maiden names.		
3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	**xxx-xx-2948**	**xxx-xx-6818**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number *(if known)*

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and *doing business as* names	■ I have not used any business name or EINs. Business name(s) EINs	■ I have not used any business name or EINs. Business name(s) EINs
5. Where you live	**224 Carteret Street** **Staten Island, NY 10307** Number, Street, City, State & ZIP Code **Richmond** County **If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code	**If Debtor 2 lives at a different address:** Number, Street, City, State & ZIP Code County **If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code
6. Why you are choosing *this district* to file for bankruptcy	*Check one:* ■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	*Check one:* ■ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

Part 2:   Tell the Court About Your Bankruptcy Case

7.	The chapter of the Bankruptcy Code you are choosing to file under	*Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)).* Also, go to the top of page 1 and check the appropriate box.

■ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

8.	How you will pay the fee	■	**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
		☐	**I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
		☐	**I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9.	Have you filed for bankruptcy within the last 8 years?	■ No.
		☐ Yes.

District		When		Case number	
District		When		Case number	
District		When		Case number	

10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No.
		☐ Yes.

Debtor		Relationship to you	
District		When		Case number, if known	
Debtor		Relationship to you	
District		When		Case number, if known	

11.	Do you rent your residence?	■ No.	Go to line 12.
		☐ Yes.	Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

Part 3:	**Report About Any Businesses You Own as a Sole Proprietor**

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

■ No.   Go to Part 4.

☐ Yes.   Name and location of business

_____
Name of business, if any

_____
Number, Street, City, State & ZIP Code

Check the appropriate box to describe your business:

☐   Health Care Business (as defined in 11 U.S.C. § 101(27A))

☐   Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

☐   Stockbroker (as defined in 11 U.S.C. § 101(53A))

☐   Commodity Broker (as defined in 11 U.S.C. § 101(6))

☐   None of the above

---

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor?*

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

■ No.   I am not filing under Chapter 11.

☐ No.   I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes.   I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4:	**Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

■ No.

☐ Yes.

What is the hazard?   _____

If immediate attention is needed, why is it needed?   _____

Where is the property?   _____
Number, Street, City, State & Zip Code

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**

Case number *(if known)*

Part 5:	Explain Your Efforts to Receive a Briefing About Credit Counseling

	About Debtor 1:	**About Debtor 2 (Spouse Only in a Joint Case):**

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

■ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

■ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of**:

☐ **Incapacity.**
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.**
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.**
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number *(if known)* _____

Part 6:	**Answer These Questions for Reporting Purposes**

16. What kind of debts do you have?

16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

☐ No. Go to line 16b.

■ Yes. Go to line 17.

16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

☐ No. Go to line 16c.

☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts

_____

17. Are you filing under Chapter 7?

☐ No.   I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

■ Yes.   I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

■ No

☐ Yes

18. How many Creditors do you estimate that you owe?

☐ 1-49	☐ 1,000-5,000	☐ 25,001-50,000
☐ 50-99	☐ 5001-10,000	☐ 50,001-100,000
■ 100-199	☐ 10,001-25,000	☐ More than100,000
☐ 200-999		

19. How much do you estimate your assets to be worth?

☐ $0 - $50,000	■ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
☐ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

20. How much do you estimate your liabilities to be?

☐ $0 - $50,000	■ $1,000,001 - $10 million	☐ $500,000,001 - $1 billion
☐ $50,001 - $100,000	☐ $10,000,001 - $50 million	☐ $1,000,000,001 - $10 billion
☐ $100,001 - $500,000	☐ $50,000,001 - $100 million	☐ $10,000,000,001 - $50 billion
☐ $500,001 - $1 million	☐ $100,000,001 - $500 million	☐ More than $50 billion

Part 7:	**Sign Below**

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code, I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark Klein   **/s/ Camille Klein**
Mark Klein   **Camille Klein**
Signature of Debtor 1   Signature of Debtor 2

Executed on   **December 3, 2018**   Executed on   **December 3, 2018**
              MM / DD / YYYY   MM / DD / YYYY

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number *(if known)*

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Edward Delli Paoli, Esq.   Date   **December 3, 2018**
Signature of Attorney for Debtor   MM / DD / YYYY

Edward Delli Paoli, Esq.
Printed name

Edward Delli Paoli, Esq.
Firm name

3295 Amboy Road, Suite 10
Staten Island, NY 10306
Number, Street, City, State & ZIP Code

Contact phone   **7186680600**   Email address   **edpesq1971@aol.com**

 NY
Bar number & State

Official Form 101   **Voluntary Petition for Individuals Filing for Bankruptcy**   page 7

<table>
<tr><td colspan="3">Fill in this information to identify your case:</td></tr>
<tr><td>Debtor 1</td><td colspan="3">Mark Klein</td></tr>
<tr><td></td><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr>
<tr><td>Debtor 2</td><td colspan="3">Camille Klein</td></tr>
<tr><td>(Spouse if, filing)</td><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr>
<tr><td colspan="2">United States Bankruptcy Court for the:</td><td colspan="2">EASTERN DISTRICT OF NEW YORK</td></tr>
</table>

Case number
(if known) _____

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information   **12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1:	Summarize Your Assets

Your assets
Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)
   1a. Copy line 55, Total real estate, from Schedule A/B... $ **1,050,000.00**

   1b. Copy line 62, Total personal property, from Schedule A/B... $ **6,250.00**

   1c. Copy line 63, Total of all property on Schedule A/B... $ **1,056,250.00**

Part 2:	Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
   2a. Copy the total you listed in Column A, *Amount of claim,* at the bottom of the last page of Part 1 of *Schedule D...* $ **879,800.00**

3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
   3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F*................................ $ **140,000.00**

   3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F*............................ $ **505,741.00**

   Your total liabilities $ **1,525,541.00**

Part 3:	Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
   Copy your combined monthly income from line 12 of *Schedule I*... $ **8,135.81**

5. *Schedule J: Your Expenses* (Official Form 106J)
   Copy your monthly expenses from line 22c of *Schedule J*... $ **7,910.71**

Part 4:	Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

   ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

   ■ Yes

7. **What kind of debt do you have?**

   ■ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

   ☐ **Your debts are not primarily consumer debts**. You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

$ **6,735.81**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

From Part 4 on *Schedule E/F*, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	$ 140,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	$ 0.00
9d. Student loans. (Copy line 6f.)	$ 139,241.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+$ 0.00
9g. **Total.** Add lines 9a through 9f.	$ 279,241.00

Fill in this information to identify your case and this filing:			
Debtor 1	**Mark Klein**		
	First Name	Middle Name	Last Name
Debtor 2	**Camille Klein**		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property   12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:   Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. **Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

   ☐ No. Go to Part 2.

   ■ Yes. Where is the property?

1.1

224 Carteret Street
Street address, if available, or other description

Staten Island	**NY**	**10307-0000**
City	State	ZIP Code

Richmond
County

What is the property? Check all that apply

☐ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Primary Residence

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	**Current value of the portion you own?**
$875,000.00	**$875,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee simple

☐ **Check if this is community property** (see instructions)

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number *(if known)*

If you own or have more than one, list here:

1.2

1803 North Flagler Drive
Apt. 113

Street address, if available, or other description

West Palm Beach   FL   33407-0000
City   State   ZIP Code

Palm Beach
County

What is the property? Check all that apply	
☐	Single-family home
☐	Duplex or multi-unit building
☐	Condominium or cooperative
☐	Manufactured or mobile home
☐	Land
☐	Investment property
☐	Timeshare
☐	Other

Who has an interest in the property? Check one
☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
$175,000.00	**$175,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

☐ **Check if this is community property**
(see instructions)

Other information you wish to add about this item, such as local property identification number:

Florida Property

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here..=>**

$1,050,000.00

Part 2:   Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases.*

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

■ No
☐ Yes

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

■ No
☐ Yes

5. **Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..=>**

$0.00

Part 3:   Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. **Household goods and furnishings** *Examples:* Major appliances, furniture, linens, china, kitchenware ☐ No ■ Yes. Describe.....	
Household furniture	**$2,500.00**

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

7. **Electronics**

   Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

   ■ No

   ☐ Yes. Describe.....

8. **Collectibles of value**

   Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

   ■ No

   ☐ Yes. Describe.....

9. **Equipment for sports and hobbies**

   Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

   ■ No

   ☐ Yes. Describe.....

10. **Firearms**

   Examples: Pistols, rifles, shotguns, ammunition, and related equipment

   ■ No

   ☐ Yes. Describe.....

11. **Clothes**

   Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

   ☐ No

   ■ Yes. Describe.....

Clothing	**$3,000.00**

12. **Jewelry**

   Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

   ■ No

   ☐ Yes. Describe.....

13. **Non-farm animals**

   Examples: Dogs, cats, birds, horses

   ■ No

   ☐ Yes. Describe.....

14. **Any other personal and household items you did not already list, including any health aids you did not list**

   ■ No

   ☐ Yes. Give specific information.....

15. **Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here ....**

$5,500.00

Part 4:	**Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

16. **Cash**

   Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

   ☐ No

   ■ Yes..

	Cash	**$750.00**

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

17. **Deposits of money**
Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

■ No
☐ Yes........................   Institution name:

18. **Bonds, mutual funds, or publicly traded stocks**
Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No
☐ Yes..................   Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

■ No
☐ Yes. Give specific information about them...................
Name of entity: % of ownership:

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**
Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

■ No
☐ Yes. Give specific information about them
Issuer name:

21. **Retirement or pension accounts**
Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

■ No
☐ Yes. List each account separately.
Type of account: Institution name:

22. **Security deposits and prepayments**
Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

■ No
☐ Yes. ....   Institution name or individual:

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

■ No
☐ Yes............   Issuer name and description.

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**
26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

■ No
☐ Yes............   Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

■ No
☐ Yes. Give specific information about them...

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**
Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No
☐ Yes. Give specific information about them...

27. **Licenses, franchises, and other general intangibles**
Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

■ No
☐ Yes. Give specific information about them...

Money or property owed to you?	**Current value of the portion you own?** Do not deduct secured claims or exemptions.

Official Form 106A/B   Schedule A/B: Property   page 4

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number *(if known)*	

28. **Tax refunds owed to you**
   ■ No
   ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.......

   _____

29. **Family support**
   Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement
   ■ No
   ☐ Yes. Give specific information......

30. **Other amounts someone owes you**
   Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security
            benefits; unpaid loans you made to someone else
   ■ No
   ☐ Yes. Give specific information..

31. **Interests in insurance policies**
   Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance
   ■ No
   ☐ Yes. Name the insurance company of each policy and list its value.

	Company name:	Beneficiary:	Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**
   If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.
   ■ No
   ☐ Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**
   Examples: Accidents, employment disputes, insurance claims, or rights to sue
   ■ No
   ☐ Yes. Describe each claim.........

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**
   ■ No
   ☐ Yes. Describe each claim.........

35. **Any financial assets you did not already list**
   ■ No
   ☐ Yes. Give specific information..

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here...**

	$750.00

Part 5:	Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**
   ■ No. Go to Part 6.
   ☐ Yes. Go to line 38.

Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
	If you own or have an interest in farmland, list it in Part 1.

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**
   ■ No. Go to Part 7.
   ☐ Yes. Go to line 47.

Part 7:	Describe All Property You Own or Have an Interest in That You Did Not List Above

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number *(if known)*

53. **Do you have other property of any kind you did not already list?**
    Examples: Season tickets, country club membership
    ■ No
    ☐ Yes. Give specific information.........

54. **Add the dollar value of all of your entries from Part 7. Write that number here** **$0.00**

Part 8:	List the Totals of Each Part of this Form

55. **Part 1: Total real estate, line 2** **$1,050,000.00**

56. **Part 2: Total vehicles, line 5** $0.00

57. **Part 3: Total personal and household items, line 15** $5,500.00

58. **Part 4: Total financial assets, line 36** $750.00

59. **Part 5: Total business-related property, line 45** $0.00

60. **Part 6: Total farm- and fishing-related property, line 52** $0.00

61. **Part 7: Total other property not listed, line 54**   + $0.00

62. **Total personal property.** Add lines 56 through 61...   **$6,250.00**   Copy personal property total   **$6,250.00**

63. **Total of all property on Schedule A/B**. Add line 55 + line 62   **$1,056,250.00**

<table>
<tr><td colspan="4">Fill in this information to identify your case:</td></tr>
<tr><td>Debtor 1</td><td colspan="3">Mark Klein</td></tr>
<tr><td></td><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr>
<tr><td>Debtor 2</td><td colspan="3">Camille Klein</td></tr>
<tr><td>(Spouse if, filing)</td><td>First Name</td><td>Middle Name</td><td>Last Name</td></tr>
<tr><td colspan="2">United States Bankruptcy Court for the:</td><td colspan="2">EASTERN DISTRICT OF NEW YORK</td></tr>
<tr><td>Case number
(if known)</td><td colspan="3"></td></tr>
</table>

☐ Check if this is an amended filing

Official Form 106C
Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:   Identify the Property You Claim as Exempt

1. **Which set of exemptions are you claiming?** *Check one only, even if your spouse is filing with you.*

    ■ You are claiming state and federal nonbankruptcy exemptions.   11 U.S.C. § 522(b)(3)

    ☐ You are claiming federal exemptions.   11 U.S.C. § 522(b)(2)

2. **For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on *Schedule A/B* that lists this property	Current value of the portion you own Copy the value from *Schedule A/B*	Amount of the exemption you claim *Check only one box for each exemption.*	Specific laws that allow exemption
224 Carteret Street Staten Island, NY 10307 Richmond County Primary Residence Line from *Schedule A/B*: **1.1**	$875,000.00	■ $195,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	**NYCPLR § 5206**
Household furniture Line from *Schedule A/B*: **6.1**	$2,500.00	■ $2,500.00 ☐ 100% of fair market value, up to any applicable statutory limit	**NYCPLR § 5205(a)(5)**
Clothing Line from *Schedule A/B*: **11.1**	$3,000.00	■ $3,000.00 ☐ 100% of fair market value, up to any applicable statutory limit	**NYCPLR § 5205(a)(5)**
Cash Line from *Schedule A/B*: **16.1**	$750.00	■ $750.00 ☐ 100% of fair market value, up to any applicable statutory limit	**NYCPLR § 5205(a)(9)**

3. **Are you claiming a homestead exemption of more than $160,375?**
   (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

    ☐ No

    ■ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

        ■ No

Schedule C: The Property You Claim as Exempt

| Debtor 1 | **Mark Klein** | | Case number (if known) | |
| Debtor 2 | **Camille Klein** | | | |

☐   Yes

Fill in this information to identify your case:

Debtor 1	**Mark Klein**		
	First Name	Middle Name	Last Name
Debtor 2	**Camille Klein**		
(Spouse if, filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number
(if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property   **12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☑ Yes. Fill in all of the information below.

Part 1:   List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A **Amount of claim** Do not deduct the value of collateral.	Column B **Value of collateral that supports this claim**	Column C **Unsecured portion** If any
2.1 Nationstar/mr. Cooper	Describe the property that secures the claim:	**$680,000.00**	**$875,000.00**	**$0.00**

Creditor's Name

**Attn: Bankruptcy Department
8950 Cypress Waters Blvd.
Coppell, TX 75019**

Number, Street, City, State & Zip Code

**224 Carteret Street Staten Island, NY 10307 Richmond County
Primary Residence**

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred   **Opened 05/08 Last Active 7/11/16**

Last 4 digits of account number   **2209**

2.2 Santander Consumer USA	Describe the property that secures the claim:	**$24,800.00**	**$25,000.00**	**$0.00**

Creditor's Name

**P O Box 660633
Dallas, TX 75266**

Number, Street, City, State & Zip Code

2015 Jeep

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
☑ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

Official Form 106D   **Schedule D: Creditors Who Have Claims Secured by Property**   page 1 of 2

Debtor 1 **Mark Klein**
　　　　　　First Name　　　　　Middle Name　　　　Last Name

Debtor 2 **Camille Klein**
　　　　　　First Name　　　　　Middle Name　　　　Last Name

Case number (if known) _____

☐ **Check if this claim relates to a**
　 community debt　　☐ Other (including a right to offset) _____

Date debt was incurred _____　　**Last 4 digits of account number**　**4541** _____

2.3	**SLS**	**Describe the property that secures the claim:**	**$175,000.00**	**$175,000.00**	**$0.00**

Creditor's Name

1803 North Flagler Drive Apt. 113
West Palm Beach, FL 33407 Palm
Beach County
Florida Property

8742 Lucent Blvd.
Suite 300
Littleton, CO 80129
_____
Number, Street, City, State & Zip Code

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim relates to a**
　 community debt

Nature of lien. Check all that apply.
☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☐ Other (including a right to offset) _____

Date debt was incurred _____　　**Last 4 digits of account number**　**4831** _____

Add the dollar value of your entries in Column A on this page. Write that number here: | **$879,800.00** |

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | **$879,800.00** |

Part 2:　**List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐　Name, Number, Street, City, State & Zip Code
Carole Aronson, PA
Atty for Flager Point
1500 Gateway Blvd.
Suite 220
Boynton Beach, FL 33426

On which line in Part 1 did you enter the creditor?　**2.3**

Last 4 digits of account number　**3458**

Fill in this information to identify your case:			
Debtor 1	**Mark Klein**		
	First Name	Middle Name	Last Name
Debtor 2	**Camille Klein**		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number			
(if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims   **12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1:   List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**

   ☐ No. Go to Part 2.

   ■ Yes.

2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

   (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

			Total claim	Priority amount	Nonpriority amount
2.1	**PHEAA**	Last 4 digits of account number **2408**	**$140,000.00**	**$140,000.00**	**$0.00**

Priority Creditor's Name
1200 North Seventh Street
Harrisburg, PA 17102
Number Street City State Zip Code

When was the debt incurred? _____

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of PRIORITY unsecured claim:

☐ Domestic support obligations

■ Taxes and certain other debts you owe the government

☐ Claims for death or personal injury while you were intoxicated

☐ Other. Specify _____
School loans

Part 2:   List All of Your NONPRIORITY Unsecured Claims

3. **Do any creditors have nonpriority unsecured claims against you?**

   ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

   ■ Yes.

4. **List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____ Case number (if known) _____

| 4.1 | **Aes/brazos/us Bank** | **Last 4 digits of account number** | **0002** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 2461
Harrisburg, PA 17105

When was the debt incurred? **Opened 05/05 Last Active 11/11**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

■ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

| 4.2 | **Aes/suntrust** | **Last 4 digits of account number** | **0003** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 2461
Harrisburg, PA 17105

When was the debt incurred? **Opened 5/11/05 Last Active 3/11/16**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

■ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Educational

| 4.3 | **Ally Financial** | **Last 4 digits of account number** | **6965** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 380901
Bloomington, MN 55438

When was the debt incurred? **Opened 12/05 Last Active 5/01/09**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Lease**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

| 4.4 | **American Express Legal** | Last 4 digits of account number | **4004** | **$15,000.00** |

Nonpriority Creditor's Name
4315 South 2700 West
Salt Lake City, UT 84184
Number Street City State ZIp Code

When was the debt incurred? _____

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

Is the claim subject to offset?

■ No
☐ Yes

| 4.5 | **American Honda Finance** | Last 4 digits of account number | **7968** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 168088
Irving, TX 75016
Number Street City State ZIp Code

When was the debt incurred? **Opened 05/06 Last Active 2/03/09**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Lease**

Is the claim subject to offset?

■ No
☐ Yes

| 4.6 | **AmeriCredit/GM Financial** | Last 4 digits of account number | **2050** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 183853
Arlington, TX 76096
Number Street City State ZIp Code

When was the debt incurred? **Opened 09/11 Last Active 01/13**

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Automobile**

Is the claim subject to offset?

■ No
☐ Yes

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**

Case number (if known) _____

4.7	**Applied Bank**	Last 4 digits of account number	**6858**	**$1,345.00**

Nonpriority Creditor's Name

Po Box 17125
Wilmington, DE 19850

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred? **Opened 10/12 Last Active 4/05/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Charge Account**

4.8	**Applied Bank**	Last 4 digits of account number	**7045**	**$2,004.00**

Nonpriority Creditor's Name

Po Box 17125
Wilmington, DE 19850

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred? **Opened 03/11 Last Active 04/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

4.9	**Associated Credit Service**	Last 4 digits of account number	**6721**	**$580.00**

Nonpriority Creditor's Name
P O Box 5171
Westborough, MA 01581

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Ready Fresh by Nestle Formerly known as Deer Park/Poland Spring**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.1 0	**AT&T Universal Citi Card**	Last 4 digits of account number **1188** **$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 790034
St Louis, MO 63179
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 05/03 Last Active 5/19/08**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

4.1 1	**Bank Of America**	Last 4 digits of account number **4311** **$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 982238
El Paso, TX 79998
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 02/13 Last Active 07/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Secured Credit Card**

4.1 2	**Barclays Bank Delaware**	Last 4 digits of account number **5727** **$10,000.00**

Nonpriority Creditor's Name
Attn: Correspondence
Po Box 8801
Wilmington, DE 19899
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 03/06 Last Active 03/07**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify _____

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.1 3 | **Berkshire Bank/New Mlnm Bk** | Last 4 digits of account number | **8753** | **$77.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 472
Kingston, NJ 08528

When was the debt incurred?   **Opened 06/18 Last Active 11/18/18**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
☐ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify   **Credit Card**

| 4.1 4 | **Best Heating &** | Last 4 digits of account number | **A/C Repairs** | **$2,500.00** |

Nonpriority Creditor's Name
Air Conditioning
Staten Island, NY 10312

When was the debt incurred?   _____

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
■ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify   _____

| 4.1 5 | **Capital One** | Last 4 digits of account number | **9146** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

When was the debt incurred?   **Opened 02/11 Last Active 6/15/15**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
☐ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify   **Credit Card**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein** _____

Case number (if known) _____

4.1 6	

Capital One
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number   **3913**   **$1,774.00**

When was the debt incurred?   **Opened 12/11 Last Active 6/12/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

4.1 7	

Capital One
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number   **2129**   **$0.00**

When was the debt incurred?   **Opened 05/12 Last Active 3/11/16**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

4.1 8	

Capital One Na
Nonpriority Creditor's Name
Attn: General Correspondence/Bankruptcy
1680 Capital One Drive
Mc Lean, VA 22102
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number   **9280**   **$2,830.00**

When was the debt incurred?   **Opened 08/11 Last Active 6/03/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

Debtor 1 **Mark Klein**

Debtor 2 **Camille Klein**

Case number (if known) _____

4.1 9	**Citibank**	Last 4 digits of account number	**0120**	**Unknown**

Nonpriority Creditor's Name

Citibank Corp/Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

When was the debt incurred?   **Opened 9/20/01 Last Active 1/29/09**

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

■ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Other. Specify _____

Educational

4.2 0	**Citibank/Exxon Mobile**	Last 4 digits of account number	**1765**	**$393.00**

Nonpriority Creditor's Name

Centralized Bankruptcy Po Box 790034 St Louis, MO 63179

When was the debt incurred?   **Opened 10/14 Last Active 11/18/18**

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Credit Card**

4.2 1	**Citibank/Sears**	Last 4 digits of account number	**4869**	**$2,263.00**

Nonpriority Creditor's Name

Attn: Bankruptcy Po Box 6275 Sioux Falls, SD 57117

When was the debt incurred?   **Opened 06/15 Last Active 04/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Charge Account**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

4.2 2	**Citibank/Shell Oil**	Last 4 digits of account number	**1373**	**$166.00**

Nonpriority Creditor's Name
Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179
Number Street City State ZIp Code

When was the debt incurred? **Opened 09/14 Last Active 11/18**

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

4.2 3	**Citibank/Sunoco**	Last 4 digits of account number	**3609**	**$574.00**

Nonpriority Creditor's Name
Citibank Corp/Centralized
Bankruptcy
Po Box 790034
St Louis, MO 63179
Number Street City State ZIp Code

When was the debt incurred? **Opened 9/24/14 Last Active 11/02/18**

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

4.2 4	**Citibank/The Home Depot**	Last 4 digits of account number	**1270**	**$1,049.00**

Nonpriority Creditor's Name
Attn: Recovery/Centralized
Bankruptcy
Po Box 790034
St Louis, MO 63179
Number Street City State ZIp Code

When was the debt incurred? **Opened 10/14 Last Active 10/20/18**

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Charge Account**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein** _____   Case number (if known) _____

4.2 5	

Clinton Park Development
Nonpriority Creditor's Name
45 Main Street, Suite 603
Brooklyn, NY 11201
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **5872** _____   **$8,800.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Lease** _____

4.2 6	

Comenity Bank/Pier 1
Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 43218
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **7370** _____   **$0.00**

When was the debt incurred?   **Opened 2/16/14 Last Active 05/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Charge Account** _____

4.2 7	

Comenity/Fashion Bug
Nonpriority Creditor's Name
Attn: Bankrutptcy Dept
Po Box 18215
Columbus, OH 43218
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **5385** _____   **$0.00**

When was the debt incurred?   **Opened 10/07 Last Active 12/18/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Charge Account** _____

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

| 4.2 8 | **Continental Finance Co** | Last 4 digits of account number | **6029** | **$0.00** |

Nonpriority Creditor's Name

Po Box 8099
Newark, DE 19714

When was the debt incurred?   **Opened 07/15 Last Active 05/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify _____

| 4.2 9 | **Credit Control LLC.** | Last 4 digits of account number | **3852** | **$1,300.00** |

Nonpriority Creditor's Name
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

When was the debt incurred?

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No

☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Original Creditor - HSBC Nevada NA**
Current Creditor - LVNV Funding LLC.

| 4.3 0 | **Credit Control LLC.** | Last 4 digits of account number | **8369** | **$1,000.00** |

Nonpriority Creditor's Name
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

When was the debt incurred?

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No

☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Original Creditor: Capital One, NA**
Current Creditor: LVNV Funding LLC.

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.3 1	**Credit Control LLC.**	Last 4 digits of account number	**8450**		**$950.00**

Nonpriority Creditor's Name
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

When was the debt incurred? _____

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Original creditor: HSBC Bank Nevada NA**
Current creditor: LVNV Funding LLC.

4.3 2	**Credit One Bank**	Last 4 digits of account number	**7704**		**$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

When was the debt incurred?   **Opened 12/10 Last Active 4/19/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

4.3 3	**Credit One Bank**	Last 4 digits of account number	**3058**		**$1,500.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

When was the debt incurred?   **Opened 06/15 Last Active 5/18/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Credit Card**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.3 4 | **Credit One Bank** | Last 4 digits of account number | **6995** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 98873   When was the debt incurred?   **Opened 12/10 Last Active**
Las Vegas, NV 89193   **5/18/17**
Number Street City State ZIp Code
Who incurred the debt? Check one.   As of the date you file, the claim is: Check all that apply

■ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
☐ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**
☐ **Check if this claim is for a community** ☐ Student loans
debt   ☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?   report as priority claims
■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Yes   ■ Other. Specify **Credit Card**

| 4.3 5 | **Dell Financial Services LLC** | Last 4 digits of account number | **6690** | **$0.00** |

Nonpriority Creditor's Name
Attn: President/CEO
Po Box 81577   When was the debt incurred?   **Opened 1/10/04 Last Active**
Austin, TX 78708   **1/02/09**
Number Street City State ZIp Code
Who incurred the debt? Check one.   As of the date you file, the claim is: Check all that apply

■ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
☐ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**
☐ **Check if this claim is for a community** ☐ Student loans
debt   ☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?   report as priority claims
■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Yes   ■ Other. Specify **Charge Account**

| 4.3 6 | **Dr. Devang Patel MD** | Last 4 digits of account number | | **$5,800.00** |

Nonpriority Creditor's Name
906 Oak Tree Ave
Suite A   When was the debt incurred?
South Plainfield, NJ 07080
Number Street City State ZIp Code
Who incurred the debt? Check one.   As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only   ☐ Contingent
☐ Debtor 2 only   ☐ Unliquidated
■ Debtor 1 and Debtor 2 only   ☐ Disputed
☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**
☐ **Check if this claim is for a community** ☐ Student loans
debt   ☐ Obligations arising out of a separation agreement or divorce that you did not
Is the claim subject to offset?   report as priority claims
■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Yes   ■ Other. Specify _____

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.3 7			

Elite Dental

Nonpriority Creditor's Name

2291 Victory Blvd.
Staten Island, NY 10314

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number **Klein** _____   **$500.00**

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Dental bills**

4.3 8			

First General Serv Nepa

Nonpriority Creditor's Name

31 Ruddle Street
Wilkes Barre, PA 18702

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number **ines** _____   **$20,000.00**

When was the debt incurred?   **PA 18350**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **208 Arbutus Ct.**
Pocono Pines, PA 18350

4.3 9			

First Nataional Bank/Legacy

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 5097
Sioux Falls, SD 57117

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

Last 4 digits of account number **1324** _____   **$1,024.00**

When was the debt incurred?   **Opened 02/13 Last Active 7/02/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Credit Card**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**

Case number (if known) _____

| 4.4 0 | **First Nataional Bank/Legacy** | Last 4 digits of account number | **7389** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 5097
Sioux Falls, SD 57117
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 2/27/13 Last Active 4/21/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

| 4.4 1 | **First Premier Bank** | Last 4 digits of account number | **7192** | **$599.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 03/15 Last Active 06/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

| 4.4 2 | **First Premier Bank** | Last 4 digits of account number | **3581** | **$1,334.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 01/12 Last Active 04/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

Debtor 1 **Mark Klein**

Debtor 2 **Camille Klein**   Case number (if known) _____

| 4.4 3 | **Genesis Bankcard Services** | Last 4 digits of account number | **2812** | **$232.00** |

Nonpriority Creditor's Name

Po Box 4477
Beaverton, OR 97076

When was the debt incurred? **Opened 04/15 Last Active 11/02/18**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

| 4.4 4 | **Genesis Bankcard Services** | Last 4 digits of account number | **3749** | **$215.00** |

Nonpriority Creditor's Name

Po Box 4477
Beaverton, OR 97076

When was the debt incurred? **Opened 07/15 Last Active 11/22/18**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

| 4.4 5 | **Genesis Bc/celtic Bank** | Last 4 digits of account number | **9808** | **$182.00** |

Nonpriority Creditor's Name

Attn: Bankruptcy
268 South State Street Ste 300
Salt Lake City, UT 84111

When was the debt incurred? **Opened 12/17 Last Active 11/22/18**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.4 6	**Hsbc Mortgage Corp Usa**	Last 4 digits of account number	**2657**	**$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 4215
Buffalo, NY 14240

When was the debt incurred?   **Opened 05/08 Last Active 01/09**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

■ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify   **Real Estate Mortgage**

4.4 7	**Hyundai Motor Finance**	Last 4 digits of account number	**7087**	**$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728

When was the debt incurred?   **Opened 10/12 Last Active 11/13**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify   **Automobile**

4.4 8	**Hyundai Motor Finance**	Last 4 digits of account number	**2791**	**$20,002.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728

When was the debt incurred?   **Opened 10/13 Last Active 10/06/15**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify   **Lease**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.49

Hyundai Motor Finance	
Nonpriority Creditor's Name	
Attn: Bankruptcy	
Po Box 20809	
Fountain Valley, CA 92728	
Number Street City State ZIp Code	

Last 4 digits of account number **3049**   **$0.00**

When was the debt incurred? **Opened 03/12 Last Active 11/13**

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Automobile**

4.50

Hyundai Motor Finance	
Nonpriority Creditor's Name	
Attn: Bankruptcy	
Po Box 20809	
Fountain Valley, CA 92728	
Number Street City State ZIp Code	

Last 4 digits of account number **9515**   **$0.00**

When was the debt incurred? **Opened 03/12 Last Active 07/12**

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Automobile**

4.51

Hyundai Motor Finance	
Nonpriority Creditor's Name	
Attn: Bankruptcy	
Po Box 20809	
Fountain Valley, CA 92728	
Number Street City State ZIp Code	

Last 4 digits of account number **8752**   **$0.00**

When was the debt incurred? **Opened 03/12 Last Active 11/12**

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Automobile**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

| 4.5 2 | **Hyundai Motor Finance** | Last 4 digits of account number | **6929** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728
Number Street City State Zlp Code

When was the debt incurred? **Opened 11/11 Last Active 09/12**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- □ Debtor 2 only
- □ Debtor 1 and Debtor 2 only
- □ At least one of the debtors and another
- □ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- □ Yes

- □ Contingent
- □ Unliquidated
- □ Disputed

Type of NONPRIORITY unsecured claim:

- □ Student loans
- □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- □ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Automobile**

| 4.5 3 | **Hyundai Motor Finance** | Last 4 digits of account number | **4592** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728
Number Street City State Zlp Code

When was the debt incurred? **Opened 12/10 Last Active 4/02/12**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- □ Debtor 2 only
- □ Debtor 1 and Debtor 2 only
- □ At least one of the debtors and another
- □ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- □ Yes

- □ Contingent
- □ Unliquidated
- □ Disputed

Type of NONPRIORITY unsecured claim:

- □ Student loans
- □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- □ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Lease**

| 4.5 4 | **Hyundai Motor Finance** | Last 4 digits of account number | **8766** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20829
Fountain City, CA 92728
Number Street City State Zlp Code

When was the debt incurred? **Opened 07/11 Last Active 04/12**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- □ Debtor 2 only
- □ Debtor 1 and Debtor 2 only
- □ At least one of the debtors and another
- □ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- □ Yes

- □ Contingent
- □ Unliquidated
- □ Disputed

Type of NONPRIORITY unsecured claim:

- □ Student loans
- □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- □ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Automobile**

Debtor 1   **Mark Klein**

Debtor 2   **Camille Klein** _____   Case number (if known) _____

4.55			

Hyundai Motor Finance
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20829
Fountain City, CA 92728
Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **6019**   **$0.00**

Opened 09/11 Last Active
When was the debt incurred?   **03/12**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile**

4.56			

Hyundai Motor Finance
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20829
Fountain City, CA 92728
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **0992**   **$20,918.00**

Opened 10/13 Last Active
When was the debt incurred?   **10/02/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile**

4.57			

Hyundai Motor Finance
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number   **7495**   **$0.00**

Opened 07/12 Last Active
When was the debt incurred?   **12/02/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein** _____   Case number (if known) _____

| 4.5 8 | **Hyundai Motor Finance** | Last 4 digits of account number | **1049** | **$42,284.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 10/13 Last Active 11/30/15**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile**

| 4.5 9 | **Hyundai Motor Finance** | Last 4 digits of account number | **9863** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 20829
Fountain City, CA 92728
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 01/11 Last Active 12/11**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Automobile**

| 4.6 0 | **Kohls/Capital One** | Last 4 digits of account number | **1438** | **$2,465.00** |

Nonpriority Creditor's Name
Kohls Credit
Po Box 3120
Milwaukee, WI 53201
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

When was the debt incurred?   **Opened 05/08 Last Active 11/02/18**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify   **Charge Account**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

| 4.6 1 | **Lincoln Automotive Fin** | Last 4 digits of account number | **6907** | **$1,269.00** |

Nonpriority Creditor's Name

12110 Emmet St
Omaha, NE 68164

When was the debt incurred?   **Opened 04/16 Last Active 11/18**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent

■ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify **Lease**

| 4.6 2 | **LVNV Funding/Resurgent Capital** | Last 4 digits of account number | **3058** | **$1,004.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603

When was the debt incurred?   **Opened 10/17 Last Active 03/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent

■ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify **Factoring Company Account Credit One Bank N.A.**

| 4.6 3 | **LVNV Funding/Resurgent Capital** | Last 4 digits of account number | **9973** | **$955.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603

When was the debt incurred?   **Opened 12/17 Last Active 05/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Contingent

■ Debtor 1 only

☐ Unliquidated

☐ Debtor 2 only

☐ Disputed

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify **Factoring Company Account Capital One N.A.**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.6 4 | **LVNV Funding/Resurgent Capital** | Last 4 digits of account number | **6743** | **$765.00** |

Nonpriority Creditor's Name
**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**
Number Street City State Zlp Code

When was the debt incurred?   **Opened 12/17 Last Active 03/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only
□ Debtor 2 only
□ Debtor 1 and Debtor 2 only
□ At least one of the debtors and another
□ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
□ Yes

□ Contingent
□ Unliquidated
□ Disputed
Type of NONPRIORITY unsecured claim:
□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Factoring Company Account Hsbc Bank Nevada N.A.**

| 4.6 5 | **LVNV Funding/Resurgent Capital** | Last 4 digits of account number | **4398** | **$1,211.00** |

Nonpriority Creditor's Name
**Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603**
Number Street City State Zlp Code

When was the debt incurred?   **Opened 11/17 Last Active 03/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

□ Debtor 1 only
■ Debtor 2 only
□ Debtor 1 and Debtor 2 only
□ At least one of the debtors and another
□ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
□ Yes

□ Contingent
□ Unliquidated
□ Disputed
Type of NONPRIORITY unsecured claim:
□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Factoring Company Account Hsbc Bank Nevada N.A.**

| 4.6 6 | **Maimonides Medical Ctr.** | Last 4 digits of account number | **2513** | **$200.00** |

Nonpriority Creditor's Name
**4802 10th Avenue
Brooklyn, NY 11219**
Number Street City State Zlp Code

When was the debt incurred? _____

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

□ Debtor 1 only
□ Debtor 2 only
■ Debtor 1 and Debtor 2 only
□ At least one of the debtors and another
□ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
□ Yes

□ Contingent
□ Unliquidated
□ Disputed
Type of NONPRIORITY unsecured claim:
□ Student loans
□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
□ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Medical Bill Service Date 09/26/20118**

Debtor 1 **Mark Klein**

Debtor 2 **Camille Klein**   Case number (if known) _____

4.6 7	**Mercedes-Benz Financial Services**	Last 4 digits of account number	**0001**	**$0.00**

Nonpriority Creditor's Name

Po Box 685
Roanoke, TX 76262

When was the debt incurred?   **Opened 12/12 Last Active 01/15**

Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Automobile**

4.6 8	**Mercury/FBT**	Last 4 digits of account number	**1576**	**$485.00**

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 84064
Columbus, GA 31908

When was the debt incurred?   **Opened 06/12 Last Active 8/03/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Credit Card**

4.6 9	**Merrick Bank/CardWorks**	Last 4 digits of account number	**4286**	**$3,504.00**

Nonpriority Creditor's Name

Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

When was the debt incurred?   **Opened 02/12 Last Active 8/04/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Credit Card**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**
                                                          Case number (if known) _____

| 4.7 0 | **Midland Funding** | Last 4 digits of account number | **7776** | **$1,814.00** |

Nonpriority Creditor's Name

2365 Northside Dr Ste 300
San Diego, CA 92108

When was the debt incurred?   **Opened 12/17 Last Active 05/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No

- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Factoring Company Account Comenity Bank**

| 4.7 1 | **Midland Funding** | Last 4 digits of account number | **8924** | **$2,455.00** |

Nonpriority Creditor's Name

2365 Northside Dr Ste 300
San Diego, CA 92108

When was the debt incurred?   **Opened 10/17 Last Active 03/17**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No

- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Factoring Company Account Credit One Bank N.A.**

| 4.7 2 | **NuLife Med** | Last 4 digits of account number | **1617** | **$5,000.00** |

Nonpriority Creditor's Name
250 N Commercial Street
Suite 3003
Manchester, NH 03101

When was the debt incurred?

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ■ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No

- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify **Provider: Servitium Med**
  Date of Service 05/16/2017

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.7 3 | **Perfection Collection** | Last 4 digits of account number | **6555** | **$1,573.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Department
313 E 1200 S, Suite 102
Orem, UT 84058

When was the debt incurred?   **Opened 01/18**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

- ■ No
- ☐ Yes

- ■ Other. Specify   **Factoring Company Account Adt**

| 4.7 4 | **PHEAA/HCB** | Last 4 digits of account number | **0002** | **$139,241.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy
1200 North 7th St
Harrisburg, PA 17102

When was the debt incurred?   **Opened 03/16 Last Active 10/26/16**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
- ■ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ■ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

- ■ No
- ☐ Yes

- ☐ Other. Specify _____

Educational Suntrust Ed Lns

| 4.7 5 | **Pinecrest Lake Community** | Last 4 digits of account number | **2018** | **$13,800.00** |

Nonpriority Creditor's Name
P O Box 760
Pocono Pines, PA 18350

When was the debt incurred?   _____

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ■ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts

- ■ No
- ☐ Yes

- ■ Other. Specify   **Dues and assessments**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

| 4.7 6 | **Pinecrest Lake Community** | Last 4 digits of account number _____ | **$14,000.00** |

Nonpriority Creditor's Name
P O Box 760
Pocono Pines, PA 18350
Number Street City State Zlp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify _____

| 4.7 7 | **Pnc Bank** | Last 4 digits of account number **5855** | **$11,028.00** |

Nonpriority Creditor's Name
Atn: Bankruptcy Department
Po Box 94982: Ms: Br-Yb58-01-5
Cleveland, OH 44101
Number Street City State Zlp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

When was the debt incurred? **Opened 09/12 Last Active 06/13**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Automobile**

| 4.7 8 | **Portfolio Recovery Assoc** | Last 4 digits of account number **7254** | **$0.00** |

Nonpriority Creditor's Name
P O Box 12914
Norfolk, VA 23541
Number Street City State Zlp Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Merchant: Wal-Mart**
Original Creditor: Synchrony Bank

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

4.7 9	**Portfolio Recovery**	Last 4 digits of account number **2310**	**$558.00**

Nonpriority Creditor's Name

Po Box 41021
Norfolk, VA 23541

When was the debt incurred?   **Opened 11/17 Last Active 05/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only   ☐ Contingent

■ Debtor 2 only   ☐ Unliquidated

☐ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

■ **Check if this claim is for a community**   ☐ Student loans
debt

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **Factoring Company Account Synchrony Bank**

4.8 0	**Retrieval Masters Credito**	Last 4 digits of account number **7851**	**$60.00**

Nonpriority Creditor's Name
4 Westchester Plaza
Suite 110
Elmsford, NY 10523

When was the debt incurred?   _____

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only   ☐ Contingent

☐ Debtor 2 only   ☐ Unliquidated

■ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community**   ☐ Student loans
debt

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **New Jersey E-ZPass 8- Citation No. T12173283146901**

4.8 1	**Salvatore Monaco, Sr.**	Last 4 digits of account number **Personal Loan**	**$92,500.00**

Nonpriority Creditor's Name
341 10th Street
Brooklyn, NY 11215

When was the debt incurred?   _____

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only   ☐ Contingent

☐ Debtor 2 only   ☐ Unliquidated

■ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community**   ☐ Student loans
debt

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **Loan**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

4.8 2	**Santander Bank**	Last 4 digits of account number	**3753**	**$2,500.00**

Nonpriority Creditor's Name
P O Box 841002
Boston, MA 02284
Number Street City State ZIp Code

When was the debt incurred? _____

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

■ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Overdraft - checking account no. 0901153753**

4.8 3	**Santander Consumer USA**	Last 4 digits of account number	**1000**	**$0.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161
Number Street City State ZIp Code

When was the debt incurred? **Opened 07/15 Last Active 5/09/18**

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Lease**

4.8 4	**Santander Consumer USA**	Last 4 digits of account number	**1000**	**$24,865.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161
Number Street City State ZIp Code

When was the debt incurred? **Opened 06/18 Last Active 10/13/18**

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify **Automobile**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

4.8 5	**Slomin's Inc.**		

Slomin's Inc.
Nonpriority Creditor's Name
125 Lauman Avenue
Hicksville, NY 11802
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
☐ Debtor 2 only
■ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number **3003**   **$500.00**

When was the debt incurred? **Control No. 09119697**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Security system**

4.8 6	**Synchrony Bank/City Furniture**		

Synchrony Bank/City Furniture
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number **0512**   **$0.00**

When was the debt incurred? **Opened 06/04 Last Active 05/08**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify _____

4.8 7	**Synchrony Bank/Linen N' Things**		

Synchrony Bank/Linen N' Things
Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896
Number Street City State ZIp Code

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**
Is the claim subject to offset?
■ No
☐ Yes

Last 4 digits of account number **3272**   **$0.00**

When was the debt incurred? **Opened 08/07 Last Active 12/07**

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed
Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Charge Account**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

| 4.8 8 | **Synchrony Bank/Lowes** | Last 4 digits of account number | **2310** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

When was the debt incurred?   **Opened 03/15 Last Active 7/06/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only

■ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Charge Account**

| 4.8 9 | **Synchrony Bank/Lowes** | Last 4 digits of account number | **6765** | **$3,625.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

When was the debt incurred?   **Opened 01/15 Last Active 10/15/17**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Charge Account**

| 4.9 0 | **Synchrony Bank/Walmart** | Last 4 digits of account number | **1542** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

When was the debt incurred?   **Opened 5/05/15 Last Active 03/18**

Number Street City State ZIp Code

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

■ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify   **Charge Account**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

| 4.9 1 | **Synchrony Bank/Walmart** | Last 4 digits of account number | **7254** | **$1,700.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896
Number Street City State ZIp Code

When was the debt incurred? **Opened 09/14 Last Active 5/15/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

☐ Contingent

■ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify **Charge Account**

| 4.9 2 | **Synchrony Bank/Walmart** | Last 4 digits of account number | **1109** | **$0.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896
Number Street City State ZIp Code

When was the debt incurred? **Opened 06/03 Last Active 01/14**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only

☐ Contingent

■ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify _____

| 4.9 3 | **Synchrony Bank/Walmart** | Last 4 digits of account number | **1757** | **$1,166.00** |

Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896
Number Street City State ZIp Code

When was the debt incurred? **Opened 05/15 Last Active 06/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

■ Debtor 1 only

☐ Contingent

☐ Debtor 2 only

☐ Unliquidated

☐ Debtor 1 and Debtor 2 only

☐ Disputed

☐ At least one of the debtors and another

Type of NONPRIORITY unsecured claim:

☐ **Check if this claim is for a community debt**

☐ Student loans

Is the claim subject to offset?

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify **Charge Account**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.9 4 | **Synchrony Bank/Walmart** | Last 4 digits of account number | **8566** | **$0.00** |

Nonpriority Creditor's Name
**Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896**

When was the debt incurred?   **Opened 2/20/06 Last Active 2/28/10**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only   ☐ Contingent

■ Debtor 2 only   ☐ Unliquidated

☐ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **Credit Card**

| 4.9 5 | **Synchrony Bank/Yamaha** | Last 4 digits of account number | **0018** | **$0.00** |

Nonpriority Creditor's Name
**Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896**

When was the debt incurred?   **Opened 06/05 Last Active 8/15/06**

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only   ☐ Contingent

☐ Debtor 2 only   ☐ Unliquidated

■ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **Secured**

| 4.9 6 | **T.D. Bank NA** | Last 4 digits of account number | **0174** | **$2,500.00** |

Nonpriority Creditor's Name
**1701 Route 70 East
Cherry Hill, NJ 08034**

When was the debt incurred?   _____

Number Street City State ZIp Code

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

☐ Debtor 1 only   ☐ Contingent

☐ Debtor 2 only   ☐ Unliquidated

■ Debtor 1 and Debtor 2 only   ☐ Disputed

☐ At least one of the debtors and another   **Type of NONPRIORITY unsecured claim:**

☐ **Check if this claim is for a community debt**   ☐ Student loans

Is the claim subject to offset?   ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

■ No   ☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes   ■ Other. Specify **Overdraft - Checking Account No. 43106660174**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

4.97	**Verizon**	Last 4 digits of account number	**0001**	**$591.00**

Nonpriority Creditor's Name
Verizon Wireless Bk Admin
500 Technology Dr Ste 550
Weldon Springs, MO 63304
Number Street City State ZIp Code

When was the debt incurred?   **Opened 04/14 Last Active 8/07/16**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify   **Agriculture**

4.98	**Verizon**	Last 4 digits of account number	**0001**	**$308.00**

Nonpriority Creditor's Name
Verizon Wireless Bk Admin
500 Technology Dr Ste 550
Weldon Springs, MO 63304
Number Street City State ZIp Code

When was the debt incurred?   **Opened 12/12 Last Active 7/28/17**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ■ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify   **Agriculture**

4.99	**Visa Dept Store National Bank/Macy's**	Last 4 digits of account number	**3030**	**$3,357.00**

Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040
Number Street City State ZIp Code

When was the debt incurred?   **Opened 12/02 Last Active 11/20/18**

Who incurred the debt? Check one.

As of the date you file, the claim is: Check all that apply

- ☐ Debtor 1 only
- ■ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ■ No
- ☐ Yes

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ■ Other. Specify   **Charge Account**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein** _____   Case number (if known) _____

4.1 00	**Visa Dept Store National Bank/Macy's**		

Visa Dept Store National Bank/Macy's
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040
Number Street City State ZIp Code

Last 4 digits of account number   **0090**   **$3,547.00**

When was the debt incurred?   **Opened 05/96 Last Active 05/17**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify _____

4.1 01	**Visa Dept Store National Bank/Macy's**		

Visa Dept Store National Bank/Macy's
Nonpriority Creditor's Name
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040
Number Street City State ZIp Code

Last 4 digits of account number   **0330**   **Unknown**

When was the debt incurred?   **Opened 03/06 Last Active 5/31/08**

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Charge Account**

4.1 02	**Wells Fargo Bank**		

Wells Fargo Bank
Nonpriority Creditor's Name
Attn: Bankruptcy Dept
Po Box 6429
Greenville, SC 29606
Number Street City State ZIp Code

Last 4 digits of account number   **3265**   **$0.00**

When was the debt incurred?   **Opened 10/08 Last Active 3/15/09**

Who incurred the debt? Check one.

■ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?
■ No
☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
■ Other. Specify **Credit Card**

Official Form 106 E/F   **Schedule E/F: Creditors Who Have Unsecured Claims**   **Page 35 of 37**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (if known) _____

| 4.1 03 | **Wf/floorin** | Last 4 digits of account number | **5493** | **$0.00** |

Nonpriority Creditor's Name
Mac F8235-02f
Po Box 10438
Des Moines, IA 50306
Number Street City State Zlp Code

When was the debt incurred?   **Opened 10/12/14 Last Active 12/17/14**

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

☐ Debtor 1 only
■ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?
■ No
☐ Yes

■ Other. Specify   **Charge Account**

| **Part 3:** | List Others to Be Notified About a Debt That You Already Listed |

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Allied Interstate
P O Box 361445
Columbus, OH 43236

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.33** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **0960**

Name and Address
Financial Recovery Serv.
P O Box 385908
Minneapolis, MN 55438

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.12** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **J892**

Name and Address
Forster & Garbus LLP.
60 Motor Parkway
Commack, NY 11725

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.69** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **dCty**

Name and Address
Holly B. Conway, Esq.
738 Main Street
Stroudsburg, PA 18360

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.75** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **CV18**

Name and Address
Jonathan B., Sistare, Esq
P O Box 213
Dublin, NH 03444

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.72** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **NLLM**

Name and Address
Kirschenbaum & Phillips
40 Daniel Street, Ste. 7
Farmingdale, NY 11735

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.25** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number   **5872**

Name and Address
Malen & Assoc.
123 Frost Street
Suite 203

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.18** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
■ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known) _____

Westbury, NY 11590

	Last 4 digits of account number	**8118**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Nations Recovery Center	Line **4.7** of (Check one):
P O Box 620130	☐ Part 1: Creditors with Priority Unsecured Claims
Atlanta, GA 30362	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number **7404**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Nations Recovery Center	Line **4.7** of (Check one):
6491 Peachtree	☐ Part 1: Creditors with Priority Unsecured Claims
Industrial Blvd.	■ Part 2: Creditors with Nonpriority Unsecured Claims
Atlanta, GA 30360	
	Last 4 digits of account number **7404**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Relin, Goldstein	Line **4.4** of (Check one):
& Crane, LLP.	☐ Part 1: Creditors with Priority Unsecured Claims
28 East Main Street	■ Part 2: Creditors with Nonpriority Unsecured Claims
Suite 1800	
Rochester, NY 14614	
	Last 4 digits of account number **dCty**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Rodier Law Office, Inc.	Line **4.69** of (Check one):
1501 Broadway, 12th Fl	☐ Part 1: Creditors with Priority Unsecured Claims
New York, NY 10036	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number **3518**

Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?
Selip & Stylianou LLP.	Line **4.16** of (Check one):
199 Crossways Park Drive	☐ Part 1: Creditors with Priority Unsecured Claims
Woodbury, NY 11797	■ Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number **3709**

Part 4:   Add the Amounts for Each Type of Unsecured Claim

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

				Total Claim
Total claims from Part 1	6a.	**Domestic support obligations**	6a.	$ 0.00
	6b.	**Taxes and certain other debts you owe the government**	6b.	$ 140,000.00
	6c.	**Claims for death or personal injury while you were intoxicated**	6c.	$ 0.00
	6d.	**Other.** Add all other priority unsecured claims. Write that amount here.	6d.	$ 0.00
	6e.	**Total Priority.** Add lines 6a through 6d.	6e.	$ 140,000.00

				Total Claim
Total claims from Part 2	6f.	**Student loans**	6f.	$ 139,241.00
	6g.	**Obligations arising out of a separation agreement or divorce that you did not report as priority claims**	6g.	$ 0.00
	6h.	**Debts to pension or profit-sharing plans, and other similar debts**	6h.	$ 0.00
	6i.	**Other.** Add all other nonpriority unsecured claims. Write that amount here.	6i.	$ 366,500.00
	6j.	**Total Nonpriority.** Add lines 6f through 6i.	6j.	$ 505,741.00

Fill in this information to identify your case:

Debtor 1	**Mark Klein**
	First Name Middle Name Last Name
Debtor 2	**Camille Klein**
(Spouse if, filing)	First Name Middle Name Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK
Case number (if known)	

☐ Check if this is an amended filing

Official Form 106G
Schedule G: Executory Contracts and Unexpired Leases   12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. **Do you have any executory contracts or unexpired leases?**
   ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
   ☑ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. **List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 **PNC BANK** **P O Box 94982** **Cleveland, OH 44101**	**2013 Hyundai Genesis Mileage 33,000.00, 72 month lease agreement at 820.01 per month**

Fill in this information to identify your case:		
Debtor 1	**Mark Klein**	
	First Name Middle Name Last Name	
Debtor 2	**Camille Klein**	
(Spouse if, filing)	First Name Middle Name Last Name	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK	
Case number (if known)	_____	

☐ Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

■ No
☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

■ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: **Your codebtor** Name, Number, Street, City, State and ZIP Code	*Column 2:* **The creditor to whom you owe the debt** Check all schedules that apply:
3.1 _____ Name _____ Number Street City State ZIP Code	☐ Schedule D, line _____ ☐ Schedule E/F, line _____ ☐ Schedule G, line _____
3.2 _____ Name _____ Number Street City State ZIP Code	☐ Schedule D, line _____ ☐ Schedule E/F, line _____ ☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1   **Mark Klein**

Debtor 2   **Camille Klein**
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number
(If known)

Check if this is:

☐ An amended filing

☐ A supplement showing postpetition chapter 13 income as of the following date:

_____
MM / DD/ YYYY

Official Form 106I
Schedule I: Your Income   **12/15**

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Describe Employment

1. **Fill in your employment information.**

   If you have more than one job, attach a separate page with information about additional employers.

   Include part-time, seasonal, or self-employed work.

   Occupation may include student or homemaker, if it applies.

	Debtor 1	**Debtor 2 or non-filing spouse**
Employment status	■ Employed ☐ Not employed	■ Employed ☐ Not employed
Occupation		
Employer's name	**EDISON HVAS**	**Board of Education**
Employer's address	**191 Vineyard Road** **Edison, NJ 08817**	
How long employed there?	**1 year**	**25 years**

Part 2:	Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	**For Debtor 2 or non-filing spouse**
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	$ 4,333.33	$ 3,894.58
3.	**Estimate and list monthly overtime pay.**	+$ 2,925.00	+$ 0.00
4.	**Calculate gross Income.** Add line 2 + line 3.	$ 7,258.33	$ 3,894.58

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (*if known*) _____

			For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here	4.	$ **7,258.33**	$ **3,894.58**

5. **List all payroll deductions:**

			For Debtor 1	For Debtor 2 or non-filing spouse
5a.	**Tax, Medicare, and Social Security deductions**	5a.	$ **1,403.26**	$ **718.60**
5b.	**Mandatory contributions for retirement plans**	5b.	$ **0.00**	$ **0.00**
5c.	**Voluntary contributions for retirement plans**	5c.	$ **0.00**	$ **0.00**
5d.	**Required repayments of retirement fund loans**	5d.	$ **0.00**	$ **1,079.11**
5e.	**Insurance**	5e.	$ **277.29**	$ **938.84**
5f.	**Domestic support obligations**	5f.	$ **0.00**	$ **0.00**
5g.	**Union dues**	5g.	$ **0.00**	$ **0.00**
5h.	**Other deductions.** Specify: _____	5h.+	$ **0.00** +	$ **0.00**

6. **Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   6. $ **1,680.55** $ **2,736.55**

7. **Calculate total monthly take-home pay.** Subtract line 6 from line 4.   7. $ **5,577.78** $ **1,158.03**

8. **List all other income regularly received:**

			For Debtor 1	For Debtor 2 or non-filing spouse
8a.	**Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ **1,400.00**	$ **0.00**
8b.	**Interest and dividends**	8b.	$ **0.00**	$ **0.00**
8c.	**Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ **0.00**	$ **0.00**
8d.	**Unemployment compensation**	8d.	$ **0.00**	$ **0.00**
8e.	**Social Security**	8e.	$ **0.00**	$ **0.00**
8f.	**Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f.	$ **0.00**	$ **0.00**
8g.	**Pension or retirement income**	8g.	$ **0.00**	$ **0.00**
8h.	**Other monthly income.** Specify: _____	8h.+	$ **0.00** +	$ **0.00**

9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   9. $ **1,400.00** $ **0.00**

10. **Calculate monthly income.** Add line 7 + line 9.   10. $ **6,977.78** + $ **1,158.03** = $ **8,135.81**
    Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
    Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
    Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
    Specify: _____   11.   **+**$ **0.00**

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income.
    Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies   12. $ **8,135.81**

    Combined monthly income

13. **Do you expect an increase or decrease within the year after you file this form?**
    ■ No.
    ☐ Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1 __Mark Klein__

Debtor 2 __Camille Klein__
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK

Case number
(If known) _____

Check if this is:

☐ An amended filing
☐ A supplement showing postpetition chapter 13 expenses as of the following date:

_____
MM / DD / YYYY

Official Form 106J
Schedule J: Your Expenses   **12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:   Describe Your Household

1. **Is this a joint case?**

   ☐ No. Go to line 2.

   ■ Yes. **Does Debtor 2 live in a separate household?**

      ■ No
      ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?**   ■ No

   Do not list Debtor 1 and Debtor 2.

   Do not state the dependents names.

   ☐ Yes. Fill out this information for each dependent.............

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**   ■ No   ☐ Yes

Part 2:   Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

	Your expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.   4. $ **3,672.00**

   If not included in line 4:

   4a. Real estate taxes   4a. $ **0.00**
   4b. Property, homeowner's, or renter's insurance   4b. $ **0.00**
   4c. Home maintenance, repair, and upkeep expenses   4c. $ **100.00**
   4d. Homeowner's association or condominium dues   4d. $ **0.00**
5. **Additional mortgage payments for your residence,** such as home equity loans   5. $ **0.00**

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (if known)

6. **Utilities:**
   6a. Electricity, heat, natural gas .... 6a. $ **400.00**
   6b. Water, sewer, garbage collection .... 6b. $ **300.00**
   6c. Telephone, cell phone, Internet, satellite, and cable services ... 6c. $ **150.00**
   6d. Other. Specify: _____ 6d. $ **0.00**
7. **Food and housekeeping supplies** .... 7. $ **600.00**
8. **Childcare and children's education costs** .... 8. $ **0.00**
9. **Clothing, laundry, and dry cleaning** .... 9. $ **100.00**
10. **Personal care products and services** .... 10. $ **0.00**
11. **Medical and dental expenses** .... 11. $ **150.00**
12. **Transportation.** Include gas, maintenance, bus or train fare.
    Do not include car payments. .... 12. $ **140.00**
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** .. 13. $ **150.00**
14. **Charitable contributions and religious donations** .... 14. $ **25.00**
15. **Insurance.**
    Do not include insurance deducted from your pay or included in lines 4 or 20.
    15a. Life insurance .... 15a. $ **0.00**
    15b. Health insurance .... 15b. $ **0.00**
    15c. Vehicle insurance .... 15c. $ **821.01**
    15d. Other insurance. Specify: _____ 15d. $ **0.00**
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.
    Specify: _____ 16. $ **0.00**
17. **Installment or lease payments:**
    17a. Car payments for Vehicle 1 .... 17a. $ **820.01**
    17b. Car payments for Vehicle 2 .... 17b. $ **482.69**
    17c. Other. Specify: _____ 17c. $ **0.00**
    17d. Other. Specify: _____ 17d. $ **0.00**
18. **Your payments of alimony, maintenance, and support that you did not report as
    deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).** 18. $ **0.00**
19. **Other payments you make to support others who do not live with you.** $ **0.00**
    Specify: _____ 19.
20. **Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**
    20a. Mortgages on other property .... 20a. $ **0.00**
    20b. Real estate taxes .... 20b. $ **0.00**
    20c. Property, homeowner's, or renter's insurance .... 20c. $ **0.00**
    20d. Maintenance, repair, and upkeep expenses .... 20d. $ **0.00**
    20e. Homeowner's association or condominium dues .... 20e. $ **0.00**
21. **Other:** Specify: _____ 21. +$ **0.00**

22. **Calculate your monthly expenses**
    22a. Add lines 4 through 21. $ **7,910.71**
    22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 $
    22c. Add line 22a and 22b. The result is your monthly expenses. $ **7,910.71**

23. **Calculate your monthly net income.**
    23a. Copy line 12 *(your combined monthly income)* from Schedule I. 23a. $ **8,135.81**
    23b. Copy your monthly expenses from line 22c above. 23b. -$ **7,910.71**

    23c. Subtract your monthly expenses from your monthly income.
    The result is your *monthly net income*. 23c. $ **225.10**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
    For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

    ■ No.
    ☐ Yes.   Explain here: _____

Fill in this information to identify your case:

Debtor 1	**Mark Klein**
	First Name Middle Name Last Name
Debtor 2	**Camille Klein**
(Spouse if, filing)	First Name Middle Name Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK
Case number (if known)	

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
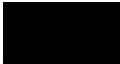
Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of person _____   Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X **/s/ Mark Klein**		X **/s/ Camille Klein**
Mark Klein		**Camille Klein**
Signature of Debtor 1		Signature of Debtor 2
Date **December 3, 2018**		Date **December 3, 2018**

Official Form 106Dec   **Declaration About an Individual Debtor's Schedules**

Fill in this information to identify your case:		
Debtor 1	**Mark Klein**	
	First Name Middle Name Last Name	
Debtor 2	**Camille Klein**	
(Spouse if, filing)	First Name Middle Name Last Name	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK	
Case number (if known)	_____	

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy   **4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	**Give Details About Your Marital Status and Where You Lived Before**

1.   What is your current marital status?

■ Married
☐ Not married

2.   During the last 3 years, have you lived anywhere other than where you live now?

■ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:	**Dates Debtor 1 lived there**	**Debtor 2 Prior Address:**	**Dates Debtor 2 lived there**

3.   Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories* include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

■ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2	**Explain the Sources of Your Income**

4.   Did you have any income from employment or from operating a business during this year or the two previous calendar years?
Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No
■ Yes. Fill in the details.

	Debtor 1		**Debtor 2**	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
For last calendar year: **(January 1 to December 31, 2017)**	■ Wages, commissions, bonuses, tips	**$43,973.00**	☐ Wages, commissions, bonuses, tips	**$0.00**
	☐ Operating a business		☐ Operating a business	

| Debtor 1 | **Mark Klein** |
| Debtor 2 | **Camille Klein** |

Case number (*if known*) _____

	Debtor 1		**Debtor 2**	
	Sources of income Check all that apply.	**Gross income** (before deductions and exclusions)	**Sources of income** Check all that apply.	**Gross income** (before deductions and exclusions)
For the calendar year before that: **(January 1 to December 31, 2016)**	■ Wages, commissions, bonuses, tips	**$40,123.00**	☐ Wages, commissions, bonuses, tips	**$0.00**
	☐ Operating a business		☐ Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?
Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

■ No
☐ Yes. Fill in the details.

	Debtor 1		**Debtor 2**	
	Sources of income Describe below.	**Gross income from each source** (before deductions and exclusions)	**Sources of income** Describe below.	**Gross income** (before deductions and exclusions)

<table><tr><td>Part 3:</td><td>List Certain Payments You Made Before You Filed for Bankruptcy</td></tr></table>

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

☐ No.   **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

   During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $6,425* or more?
   ☐ No.   Go to line 7.
   ☐ Yes   List below each creditor to whom you paid a total of $6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.
   * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

■ Yes.   **Debtor 1 or Debtor 2 or both have primarily consumer debts.**
   During the 90 days before you filed for bankruptcy, did you pay any creditor a total of $600 or more?

   ■ No.   Go to line 7.
   ☐ Yes   List below each creditor to whom you paid a total of $600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

■ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number (*if known*)	

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
   Include payments on debts guaranteed or cosigned by an insider.

   ■ No
   ☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name

Part 4:	Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
   List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

   ☐ No
   ■ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Unknown Plaintiff vs Unknown Defendant **1044700CEC**	**BankruptcyChapter7**	**US BKPT CT NY BROOKLYN**	☐ Pending ☐ On appeal ☐ Concluded **Discharged - 0.00**
Flagler Pointe Condominium Assoc. v. Camille Klein **2018CA003458**	**Foreclosure Sale - December 10, 2018**	**Circuit Ct of the Fifteenth Judical Circuit Palm Beach County, Fl.** **205 N Dixie Highway West Palm Beach, FL 33401**	☐ Pending ☐ On appeal ☐ Concluded
Capital One, N.A. v. Mark Klein **Index No. 781/18**	**Judgment**	**Civil Court of the City of New York** **927 Castleton Avenue Staten Island, NY 10310**	☐ Pending ☐ On appeal ☐ Concluded
Capital One Bank v. Camille Klein **Index 907/18**	**Judgment**	**Civil Court City of NY Richmond Cty** **927 Castleton Avenue Staten Island, NY 10310**	☐ Pending ☐ On appeal ☐ Concluded
Merrick Bank Corporation v. Mark Klein **Index No. 1835/18**	**Summons - Consumer Debt**	**Civil Court of the City of NY Richmond** **927 Castleton Avenue Staten Island, NY 10310**	☐ Pending ☐ On appeal ☐ Concluded
Synchrony Bank v. Mark Klein **Index NO. 3690/18**	**Summons - Solomon and Solomon, PC.**	**Civil Court, City of NY Richmond Cty** **927 Castleton Avenue Staten Island, NY 10310**	☐ Pending ☐ On appeal ☐ Concluded
American Express v. Jason Klein **Index No. 6277/18**	**Summons and Complaint**	**Civil Court, Richmond County** **927 Castleton Avenue Staten Island, NY 10310**	☐ Pending ☐ On appeal ☐ Concluded

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (*if known*) _____

Case title Case number	Nature of the case	Court or agency	Status of the case
Pinecrest Lake Community Trust v. Jason R. Klein No. 8155 CV 2018	**Judgment**	**Monroe County Ct. Common Pleas 43rd Judicial District Commonwealth of Pennsylvania 610 Monroe St. Suite 221 Stroudsburg, PA 18360**	☐ Pending ☐ On appeal ☐ Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

   ■ No. Go to line 11.
   ☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**
   ■ No
   ☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**
   ■ No
   ☐ Yes

Part 5:   List Certain Gifts and Contributions

13. **Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than $600 per person?**
   ■ No
   ☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than $600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value

14. **Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than $600 to any charity?**
   ■ No
   ☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than $600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value

Part 6:   List Certain Losses

15. **Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

   ■ No
   ☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property.*	Date of your loss	Value of property lost

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (*if known*)

Part 7:	List Certain Payments or Transfers

16. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**
Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

■ No
☐ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.

■ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

■ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices.*)

■ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made

Part 8:	List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

■ **No**
☐ **Yes. Fill in the details.**

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Debtor 1 **Mark Klein**

Debtor 2 **Camille Klein**   Case number (*if known*)

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

■ **No**

☐ **Yes. Fill in the details.**

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?

Part 9: **Identify Property You Hold or Control for Someone Else**

23. **Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

■ **No**

☐ **Yes. Fill in the details.**

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

Part 10: **Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

■ *Environmental law* **means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.**

■ *Site* **means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.**

■ *Hazardous material* **means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.**

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. **Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

■ **No**

☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. **Have you notified any governmental unit of any release of hazardous material?**

■ **No**

☐ **Yes. Fill in the details.**

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. **Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

■ **No**

☐ **Yes. Fill in the details.**

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: **Give Details About Your Business or Connections to Any Business**

27. **Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

☐ **A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time**

☐ **A member of a limited liability company (LLC) or limited liability partnership (LLP)**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (*if known*) _____

    ☐ **A partner in a partnership**

    ☐ **An officer, director, or managing executive of a corporation**

    ☐ **An owner of at least 5% of the voting or equity securities of a corporation**

  ■   **No. None of the above applies. Go to Part 12.**

  ☐   **Yes. Check all that apply above and fill in the details below for each business.**

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed

28. **Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

  ■   **No**
  ☐   **Yes. Fill in the details below.**

Name Address (Number, Street, City, State and ZIP Code)	Date Issued

Part 12:   **Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Mark Klein   **/s/ Camille Klein**
Mark Klein   **Camille Klein**
Signature of Debtor 1   **Signature of Debtor 2**

Date   **December 3, 2018**   **Date**   **December 3, 2018**

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?
■ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?
■ No
☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	**Mark Klein**		
	First Name	Middle Name	Last Name
Debtor 2	**Camille Klein**		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number	_____		
(if known)			

☐ Check if this is an amended filing

Official Form 108
Statement of Intention for Individuals Filing Under Chapter 7   **12/15**

If you are an individual filing under chapter 7, you must fill out this form if:

■ **creditors have claims secured by your property, or**

■ **you have leased personal property and the lease has not expired.**

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1:	List Your Creditors Who Have Secured Claims

1. **For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.**

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: **Nationstar/mr. Cooper** Description of property securing debt: **224 Carteret Street Staten Island, NY 10307 Richmond County Primary Residence**	☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: _____	☐ No ■ Yes
Creditor's name: **Santander Consumer USA** Description of property securing debt: **2015 Jeep**	☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a *Reaffirmation Agreement.* ☐ Retain the property and [explain]: _____	☐ No ■ Yes
Creditor's name: **SLS** Description of **1803 North Flagler Drive Apt. 113 West Palm Beach, FL 33407**	☐ Surrender the property. ☐ Retain the property and redeem it. ■ Retain the property and enter into a *Reaffirmation Agreement.*	☐ No ■ Yes

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**

Case number (*if known*)

property   **Palm Beach County**
securing debt: **Florida Property**

☐ Retain the property and [explain]:

_____

| Part 2: | **List Your Unexpired Personal Property Leases** |

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

| **Describe your unexpired personal property leases** | **Will the lease be assumed?** |

Lessor's name: **PNC BANK**

☐ No

■ Yes

Description of leased   **2013 Hyundai Genesis Mileage 33,000.00, 72 month lease agreement at**
Property: **820.01 per month**

| Part 3: | **Sign Below** |

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Mark Klein   **X /s/ Camille Klein**
Mark Klein   **Camille Klein**
Signature of Debtor 1   Signature of Debtor 2

Date   **December 3, 2018**   Date   **December 3, 2018**

<table>
<tr>
<td>
Fill in this information to identify your case:

Debtor 1   **Mark Klein**

Debtor 2   **Camille Klein**
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of New York

Case number
(if known)
</td>
<td>
Check one box only as directed in this form and in Form 122A-1Supp:

☐ 1. There is no presumption of abuse

■ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.

☐ Check if this is an amended filing
</td>
</tr>
</table>

Official Form 122A - 1
Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1:   **Calculate Your Current Monthly Income**

1. **What is your marital and filing status?** Check one only.

   ☐ **Not married**. Fill out Column A, lines 2-11.

   ■ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.

   ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**

     ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.

     ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write $0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. **Your gross wages, salary, tips, bonuses, overtime, and commissions** (before all payroll deductions).	$ **5,577.78**	$ **1,158.03**
3. **Alimony and maintenance payments.** Do not include payments from a spouse if Column B is filled in.	$ **0.00**	$ **0.00**
4. **All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.** Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3**.**	$ **0.00**	$ **0.00**

5. **Net income from operating a business, profession, or farm**

	Debtor 1		
Gross receipts (before all deductions)	$ **0.00**		
Ordinary and necessary operating expenses	-$ **0.00**		
Net monthly income from a business, profession, or farm $ **0.00** Copy here ->	$ **0.00**	$ **0.00**

6. **Net income from rental and other real property**

	Debtor 1		
Gross receipts (before all deductions)	$ **0.00**		
Ordinary and necessary operating expenses	-$ **0.00**		
Net monthly income from rental or other real property $ **0.00** Copy here ->	$ **0.00**	$ **0.00**
7. **Interest, dividends, and royalties**	$ **0.00**	$ **0.00**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (*if known*) _____

		Column A **Debtor 1**	Column B **Debtor 2 or non-filing spouse**

8. **Unemployment compensation** $ _____ 0.00 $ _____ 0.00

Do not enter the amount if you contend that the amount received was a benefit under
the Social Security Act. Instead, list it here:

   For you _____ $ _____ 0.00

   For your spouse _____ $ _____ 0.00

9. **Pension or retirement income.** Do not include any amount received that was a
benefit under the Social Security Act. $ _____ 0.00 $ _____ 0.00

10. **Income from all other sources not listed above.** Specify the source and amount.
Do not include any benefits received under the Social Security Act or payments
received as a victim of a war crime, a crime against humanity, or international or
domestic terrorism. If necessary, list other sources on a separate page and put the
total below.

   . _____ $ _____ 0.00 $ _____ 0.00

   _____ $ _____ 0.00 $ _____ 0.00

     Total amounts from separate pages, if any.   + $ _____ 0.00 $ _____ 0.00

11. **Calculate your total current monthly income.** Add lines 2 through 10 for
each column. Then add the total for Column A to the total for Column B.

$ **5,577.78** + $ **1,158.03** = $ **6,735.81**

**Total current monthly
income**

Part 2:	**Determine Whether the Means Test Applies to You**

12. **Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 .... **Copy line 11 here=>** $ **6,735.81**

    Multiply by 12 (the number of months in a year)   **x** 12

12b. The result is your annual income for this part of the form   12b. $ **80,829.72**

13. **Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.   **NY**

Fill in the number of people in your household.   **2**

Fill in the median family income for your state and size of household. ....   13. $ **69,642.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions
for this form. This list may also be available at the bankruptcy clerk's office.

14. **How do the lines compare?**

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
       Go to Part 3.

14b. ☒ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
       Go to Part 3 and fill out Form 122A-2.

Part 3:	**Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X **/s/ Mark Klein** _____   **X** **/s/ Camille Klein** _____
   Mark Klein   **Camille Klein**
   Signature of Debtor 1   Signature of Debtor 2

Date **December 3, 2018** _____   Date **December 3, 2018** _____
   MM / DD / YYYY   MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

<table>
<tr><td colspan="2">

Fill in this information to identify your case:

Debtor 1   **Mark Klein**

Debtor 2   **Camille Klein**
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of New York

Case number
(if known)

</td><td>

Check the appropriate box as directed in lines 40 or 42:

According to the calculations required by this Statement:

■ 1. There is no presumption of abuse.

☐ 2. There is a presumption of abuse.

</td></tr>
</table>

☐ Check if this is an amended filing

Official Form 122A - 2
Chapter 7 Means Test Calculation   04/16

To fill out this form, you will need your completed copy of *Chapter 7 Statement of Your Current Monthly Income* **(Official Form 122A-1).**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:	Determine Your Adjusted Income

1. **Copy your total current monthly income.**   Copy line 11 from Official Form 122A-1 here=>........ $ **6,735.81**

2. **Did you fill out Column B in Part 1 of Form 122A-1?**
    ☐ No.   Fill in $0 for the total on line 3.

    ■ Yes.   Is your spouse Filing with you?
       ☐ No.   Go to line 3.
       ■ Yes.   Fill in $0 for the total on line 3.

3. **Adjust your current monthly income by subtracting any part of your spouse's income not used to pay for the household expenses of you or your dependents.** Follow these steps:

    On line 11, Column B of Form 122A–1, was any amount of the income you reported for your spouse NOT regularly used for the household expenses of you or your dependents?

    ■ No.   Fill in 0 for the total on line 3.
    ☐ Yes. Fill in the information below:

State each purpose for which the income was used	Fill in the amount you are subtracting from your spouse's income
For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	
_____	$ _____
_____	$ _____
_____	$ _____
Total.	$ **0.00**

Copy total here=>... **-** $ **0.00**

4. **Adjust your current monthly income.** Subtract line 3 from line 1. $ **6,735.81**

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number (*if known*)	

Part 2:	**Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to *you,* it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. **The number of people used in determining your deductions from income**

   Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

   2

National Standards	You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

   $ **1,202.00**

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

7a.	Out-of-pocket health care allowance per person	$ **52**			
7b.	Number of people who are under 65	X **2**			
7c.	**Subtotal.** Multiply line 7a by line 7b.	$ **104.00**	Copy here=>	$ **104.00**	

People who are 65 years of age or older

7d.	Out-of-pocket health care allowance per person	$ **114**			
7e.	Number of people who are 65 or older	X **0**			
7f.	**Subtotal.** Multiply line 7d by line 7e.	$ **0.00**	Copy here=>	+$ **0.00**	

7g.	T**otal.** Add line 7c and line 7f	$ **104.00**	Copy total here=>	$ **104.00**	

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number (*if known*)	

Local Standards   You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

■ **Housing and utilities - Insurance and operating expenses**

■ **Housing and utilities - Mortgage or rent expenses**

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form.
This chart may also be available at the bankruptcy clerk's office.

8.   **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. .... $ **710.00**

9.   **Housing and utilities - Mortgage or rent expenses:**

9a.   Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.................................... $ **1,964.00**

9b.   Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment	
Nationstar/mr. Cooper	$	**2,430.00**
SLS	$	**1,242.00**

Total average monthly payment	$	**3,672.00**	**Copy here=>**	-$	**3,672.00**	Repeat this amount on line 33a.

9c.   Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this amount is less than $0, enter $0. .... $ **0.00**   **Copy here=>** $ **0.00**

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** $ **0.00**

      Explain why:

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

      ☐ 0. Go to line 14.

      ☐ 1. Go to line 12.

      ☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. $ **0.00**

Debtor 1   **Mark Klein**
Debtor 2   **Camille Klein**   Case number (*if known*) _____

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1   **Describe Vehicle 1:** _____

13a. Ownership or leasing costs using IRS Local Standard... $ _____ **0.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
_____	$ _____

Total Average Monthly Payment $ _____   **Copy here =>** -$ _____ **0.00** Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense
Subtract line 13b from line 13a. if this amount is less than $0, enter $0. $ _____ **0.00**   **Copy net Vehicle 1 expense here =>** $ _____ **0.00**

Vehicle 2   **Describe Vehicle 2:** _____

13d. Ownership or leasing costs using IRS Local Standard.. $ _____ **0.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
_____	$ _____

Total Average Monthly Payment $ _____   **Copy here =>** -$ _____ **0.00** Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense
Subtract line 13e from line 13d. if this amount is less than $0, enter $0. .... $ _____ **0.00**   **Copy net Vehicle 2 expense here =>** $ _____ **0.00**

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. $ _____ **0.00**

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. $ _____ **0.00**

<table>
<tr><td>Debtor 1</td><td>**Mark Klein**</td><td></td><td></td></tr>
<tr><td>Debtor 2</td><td>**Camille Klein**</td><td>Case number (*if known*)</td><td></td></tr>
</table>

Other Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.

Do not include real estate, sales, or use taxes. $ _____ **0.00**

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.

Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. $ _____ **0.00**

18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. $ _____ **0.00**

19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.

Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. $ _____ **0.00**

20. **Education:** The total monthly amount that you pay for education that is either required:
■ as a condition for your job, or
■ for your physically or mentally challenged dependent child if no public education is available for similar services. $ _____ **0.00**

21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.

Do not include payments for any elementary or secondary school education. $ _____ **0.00**

22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.

Payments for health insurance or health savings accounts should be listed only in line 25. $ _____ **0.00**

23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.

Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted.   **+**$ _____ **0.00**

24. **Add all of the expenses allowed under the IRS expense allowances.**
Add lines 6 through 23. $ _____ **2,016.00**

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number (*if known*)	

Additional Expense Deductions	These are additional deductions allowed by the Means Test.
	Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance	$	**0.00**		
Disability insurance	$	**0.00**		
Health savings account	**+** $	**0.00**		
Total	$	**0.00**	**Copy total here=>**	$	**0.00**

Do you actually spend this total amount?

☐　　No. How much do you actually spend?

■　　Yes　　　　　　　　　　$ _____

26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). 　　$ **0.00**

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential. 　　$ **0.00**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 　　$ **0.00**

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than $160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 　　$ **0.00**

30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary. 　　$ **0.00**

31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2). 　　+$ **0.00**

32. **Add all of the additional expense deductions.**　　$ **0.00**
Add lines 25 through 31.

Debtor 1 **Mark Klein**
Debtor 2 **Camille Klein**   Case number (*if known*) _____

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

    To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

    Mortgages on your home:

			Average monthly payment

    33a.   Copy line 9b here .... => $ **3,672.00**

    Loans on your first two vehicles:

    33b.   Copy line 13b here .... => $ **0.00**

    33c.   Copy line 13e here .... => $ **0.00**

    33d.   List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
-NONE-		☐ No ☐ Yes	$ _____
		☐ No ☐ Yes	$ _____
		☐ No ☐ Yes	+$ _____

    33e.   Total average monthly payment. Add lines 33a through 33d .... $ **3,961.61**   Copy total here=> $ **3,961.61**

34. **Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

    ☒ No.   Go to line 35.

    ☐ Yes.   State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount		Monthly cure amount
-NONE-		$ _____	÷ 60 =	$ _____
		Total $ **0.00**	Copy total here=>	$ **0.00**

35. **Do you owe any priority claims such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case?** 11 U.S.C. § 507.

    ☐ No.   Go to line 36.

    ☒ Yes.   Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

    Total amount of all past-due priority claims .... $ **140,000.00**   ÷ 60 = $ **2,333.33**

Debtor 1	**Mark Klein**		
Debtor 2	**Camille Klein**	Case number (*if known*)	

36. **Are you eligible to file a case under Chapter 13?** 11 U.S.C. § 109(e).
For more information, go online using the link for *Bankruptcy Basics* specified in the separate
instructions for this form. *Bankruptcy Basics* may also be available at the bankruptcy clerk's office.

■ No.   Go to line 37.

☐ Yes.   Fill in the following information.

Projected monthly plan payment if you were filing under Chapter 13 $ _____

Current multiplier for your district as stated on the list issued by the
Administrative Office of the United States Courts (for districts in Alabama
and North Carolina) or by the Executive Office for United States Trustees
(for all other districts).   X _____

To find a list of district multipliers that includes your district, go online using
the link specified in the separate instructions for this form. This list may also
be available at the bankruptcy clerk's office.

Average monthly administrative expense if you were filing under Chapter 13 $ _____   **Copy total here=>** $ _____

37. **Add all of the deductions for debt payment.**
Add lines 33e through 36. $ **6,294.94**

Total Deductions from Income

38. **Add all of the allowed deductions.**

Copy line 24, *All of the expenses allowed under IRS expense allowances*	$ **2,016.00**	
Copy line 32, *All of the additional expense deductions*	$ **0.00**	
Copy line 37, *All of the deductions for debt payment*	+$ **6,294.94**	
Total deductions	$ **8,310.94**	**Copy total here..........=>** $ **8,310.94**

Part 3:   **Determine Whether There is a Presumption of Abuse**

39. **Calculate monthly disposable income for 60 months**

39a. Copy line 4, *adjusted current monthly income* $ **6,735.81**

39b. Copy line 38, *Total deductions*   - $ **8,310.94**

39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).
Subtract line 39b from line 39a $ **-1,575.13**   **Copy here=>** $ **-1,575.13**

For the next 60 months (5 years)   x 60

39d. **Total.** Multiply line 39c by 60   39d. $ **-94,507.80**   **Copy here=>** $ **-94,507.80**

40. **Find out whether there is a presumption of abuse.** Check the box that applies:

■ **The line 39d is less than $7,700*.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.* Go to Part 5.

☐ **The line 39d is more than $12,850*.** On the top of page 1 of this form, check box 2, *There is a presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Go to Part 5.

☐ **The line 39d is at least $7,700*, but not more than $12,850*.** Go to line 41.

*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment.

---

41.   41a.   **Fill in the amount of your total nonpriority unsecured debt.** If you filled out
*A Summary of Your Assets and Liabilities and Certain Statistical Information
Schedules* (Official Form 106Sum), you may refer to line 3b on that form.

$ _____
x   .25

41b.   **25% or your total nonpriority unsecured debt.** 11 U.S.C. § 707(b)(2)(A)(i)(I) $ _____   **Copy here=>** $ _____

Multiply line 41a by 0.25...

42.   **Determine whether the income you have left over after subtracting all allowed deductions is enough to pay
25% of your unsecured, nonpriority debt.**
Check the box that applies:

☐ **Line 39d is less than line 41b.** On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*
Go to Part 5.

☐ **Line 39d is equal to or more than line 41b.** On the top of page 1 of this form, check box 2, *There is a
presumption of abuse.* You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4:	Give Details About Special Circumstances

43.   **Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no
reasonable alternative?** 11 U.S.C. § 707(b)(2)(B).

■ No. Go to Part 5.

☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each
item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments
necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income
adjustments.

Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
	$ _____
	$ _____
	$ _____
	$ _____

Part 5:	Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X **/s/ Mark Klein**   X **/s/ Camille Klein**
Mark Klein   **Camille Klein**
Signature of Debtor 1   Signature of Debtor 2

Date **December 3, 2018**   Date **December 3, 2018**
MM / DD / YYYY   MM / DD / YYYY

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of New York

In re   **Mark Klein**
     Camille Klein _____   Case No. _____
                           Debtor(s)   Chapter   **7** _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that
    compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to
    be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**0.00**
Prior to the filing of this statement I have received	$	**0.00**
Balance Due	$	**0.00**

2. The source of the compensation paid to me was:

    ■ Debtor   ☐ Other (specify):

3. The source of compensation to be paid to me is:

    ■ Debtor   ☐ Other (specify):

4. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

    ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A
    copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5.   In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

    a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
    b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
    c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
    d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

    I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in
this bankruptcy proceeding.

December 3, 2018	**/s/ Edward Delli Paoli, Esq.**
Date	**Edward Delli Paoli, Esq.**
	Signature of Attorney
	Edward Delli Paoli, Esq.
	3295 Amboy Road, Suite 10
	Staten Island, NY 10306
	7186680600 Fax: 7189665679
	edpesq1971@aol.com
	Name of law firm

United States Bankruptcy Court
Eastern District of New York

In re   **Mark Klein**
   Camille Klein   Case No. _____

                         Debtor(s)   Chapter   **7** _____

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **December 3, 2018**   **/s/ Mark Klein**
                                   Mark Klein
                                   Signature of Debtor

Date: **December 3, 2018**   **/s/ Camille Klein**
                                   Camille Klein
                                   Signature of Debtor

Date: **December 3, 2018**   **/s/ Edward Delli Paoli, Esq.**
                                   Signature of Attorney
                                   Edward Delli Paoli, Esq.
                                   Edward Delli Paoli, Esq.
                                   3295 Amboy Road, Suite 10
                                   Staten Island, NY 10306
                                   7186680600   Fax: 7189665679

.

Aes/brazos/us Bank
Attn: Bankruptcy Dept
Po Box 2461
Harrisburg, PA 17105

Aes/suntrust
Attn: Bankruptcy Dept
Po Box 2461
Harrisburg, PA 17105

Allied Interstate
P O Box 361445
Columbus, OH 43236

Ally Financial
Attn: Bankruptcy Dept
Po Box 380901
Bloomington, MN 55438

American Express Legal
4315 South 2700 West
Salt Lake City, UT 84184

American Honda Finance
Attn: Bankruptcy
Po Box 168088
Irving, TX 75016

AmeriCredit/GM Financial
Attn: Bankruptcy
Po Box 183853
Arlington, TX 76096

Applied Bank
Po Box 17125
Wilmington, DE 19850

Applied Bank
Po Box 17125
Wilmington, DE 19850

Associated Credit Service
P O Box 5171
Westborough, MA 01581

```
AT&T Universal Citi Card
Attn: Bankruptcy
Po Box 790034
St Louis, MO 63179


Bank Of America
Attn: Bankruptcy
Po Box 982238
El Paso, TX 79998


Barclays Bank Delaware
Attn: Correspondence
Po Box 8801
Wilmington, DE 19899


Berkshire Bank/New Mlnm Bk
Attn: Bankruptcy
Po Box 472
Kingston, NJ 08528


Best Heating &
Air Conditioning
Staten Island, NY 10312


Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130


Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130


Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130


Capital One Na
Attn: General Correspondence/Bankruptcy
1680 Capital One Drive
Mc Lean, VA 22102
```

Carole Aronson, PA
Atty for Flager Point
1500 Gateway Blvd.
Suite 220
Boynton Beach, FL 33426

Citibank
Citibank Corp/Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Citibank/Exxon Mobile
Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Citibank/Sears
Attn: Bankruptcy
Po Box 6275
Sioux Falls, SD 57117

Citibank/Shell Oil
Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Citibank/Sunoco
Citibank Corp/Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Citibank/The Home Depot
Attn: Recovery/Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Clinton Park Development
45 Main Street, Suite 603
Brooklyn, NY 11201

Comenity Bank/Pier 1
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 43218

Comenity/Fashion Bug
Attn: Bankrutptcy Dept
Po Box 18215
Columbus, OH 43218

Continental Finance Co
Po Box 8099
Newark, DE 19714

Credit Control LLC.
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

Credit Control LLC.
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

Credit Control LLC.
5757 Phantom Dr. Ste. 330
Hazelwood, MO 63042

Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

Credit One Bank
Attn: Bankruptcy
Po Box 98873
Las Vegas, NV 89193

Dell Financial Services LLC
Attn: President/CEO
Po Box 81577
Austin, TX 78708

Dr. Devang Patel MD
906 Oak Tree Ave
Suite A
South Plainfield, NJ 07080

Elite Dental
2291 Victory Blvd.
Staten Island, NY 10314

Financial Recovery Serv.
P O Box 385908
Minneapolis, MN 55438

First General Serv Nepa
31 Ruddle Street
Wilkes Barre, PA 18702

First Nataional Bank/Legacy
Attn: Bankruptcy
Po Box 5097
Sioux Falls, SD 57117

First Nataional Bank/Legacy
Attn: Bankruptcy
Po Box 5097
Sioux Falls, SD 57117

First Premier Bank
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

First Premier Bank
Attn: Bankruptcy
Po Box 5524
Sioux Falls, SD 57117

Forster & Garbus LLP.
60 Motor Parkway
Commack, NY 11725

Genesis Bankcard Services
Po Box 4477
Beaverton, OR 97076

Genesis Bankcard Services
Po Box 4477
Beaverton, OR 97076

Genesis Bc/celtic Bank
Attn: Bankruptcy
268 South State Street Ste 300
Salt Lake City, UT 84111

Holly B. Conway, Esq.
738 Main Street
Stroudsburg, PA 18360

Hsbc Mortgage Corp Usa
Attn: Bankruptcy
Po Box 4215
Buffalo, NY 14240

Hyundai Motor Finance
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728

Hyundai Motor Finance
Attn: Bankruptcy
Po Box 20809
Fountain Valley, CA 92728

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Po Box 20829
Fountain City, CA 92728

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Fountain Valley, CA 92728

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Fountain Valley, CA 92728

Hyundai Motor Finance
Attn: Bankruptcy
Po Box 20829
Fountain City, CA 92728

Jonathan B., Sistare, Esq
P O Box 213
Dublin, NH 03444

Kirschenbaum & Phillips
40 Daniel Street, Ste. 7
Farmingdale, NY 11735

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Kohls/Capital One
Kohls Credit
Po Box 3120
Milwaukee, WI 53201


Lincoln Automotive Fin
12110 Emmet St
Omaha, NE 68164


LVNV Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603


LVNV Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603


LVNV Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603


LVNV Funding/Resurgent Capital
Attn: Bankruptcy
Po Box 10497
Greenville, SC 29603


Maimonides Medical Ctr.
4802 10th Avenue
Brooklyn, NY 11219


Malen & Assoc.
123 Frost Street
Suite 203
Westbury, NY 11590


Mercedes-Benz Financial Services
Po Box 685
Roanoke, TX 76262


Mercury/FBT
Attn: Bankruptcy
Po Box 84064
Columbus, GA 31908
```

Merrick Bank/CardWorks
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

Midland Funding
2365 Northside Dr Ste 300
San Diego, CA 92108

Midland Funding
2365 Northside Dr Ste 300
San Diego, CA 92108

Nations Recovery Center
P O Box 620130
Atlanta, GA 30362

Nations Recovery Center
6491 Peachtree
Industrial Blvd.
Atlanta, GA 30360

Nationstar/mr. Cooper
Attn: Bankruptcy Department
8950 Cypress Waters Blvd.
Coppell, TX 75019

NuLife Med
250 N Commercial Street
Suite 3003
Manchester, NH 03101

Perfection Collection
Attn: Bankruptcy Department
313 E 1200 S, Suite 102
Orem, UT 84058

PHEAA
1200 North Seventh Street
Harrisburg, PA 17102

PHEAA/HCB
Attn: Bankruptcy
1200 North 7th St
Harrisburg, PA 17102

Pinecrest Lake Community
P O Box 760
Pocono Pines, PA 18350

Pinecrest Lake Community
P O Box 760
Pocono Pines, PA 18350

Pnc Bank
Atn: Bankruptcy Department
Po Box 94982: Ms: Br-Yb58-01-5
Cleveland, OH 44101

PNC BANK
P O Box 94982
Cleveland, OH 44101

Portfolio Recovery Assoc
P O Box 12914
Norfolk, VA 23541

Portfolio Recovery
Po Box 41021
Norfolk, VA 23541

Relin, Goldstein
& Crane, LLP.
28 East Main Street
Suite 1800
Rochester, NY 14614

Retrieval Masters Credito
4 Westchester Plaza
Suite 110
Elmsford, NY 10523

Rodier Law Office, Inc.
1501 Broadway, 12th Fl
New York, NY 10036

Salvatore Monaco, Sr.
341 10th Street
Brooklyn, NY 11215

Santander Bank
P O Box 841002
Boston, MA 02284

Santander Consumer USA
Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161

Santander Consumer USA
Attn: Bankruptcy
Po Box 961245
Fort Worth, TX 76161

Santander Consumer USA
P O Box 660633
Dallas, TX 75266

Selip & Stylianou LLP.
199 Crossways Park Drive
Woodbury, NY 11797

Slomin's Inc.
125 Lauman Avenue
Hicksville, NY 11802

SLS
8742 Lucent Blvd.
Suite 300
Littleton, CO 80129

Synchrony Bank/City Furniture
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Linen N' Things
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Lowes
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Lowes
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Walmart
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Yamaha
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

T.D. Bank NA
1701 Route 70 East
Cherry Hill, NJ 08034

Verizon
Verizon Wireless Bk Admin
500 Technology Dr Ste 550
Weldon Springs, MO 63304

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Verizon
Verizon Wireless Bk Admin
500 Technology Dr Ste 550
Weldon Springs, MO 63304


Visa Dept Store National Bank/Macy's
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040


Visa Dept Store National Bank/Macy's
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040


Visa Dept Store National Bank/Macy's
Attn: Bankruptcy
Po Box 8053
Mason, OH 45040


Wells Fargo Bank
Attn: Bankruptcy Dept
Po Box 6429
Greenville, SC 29606


Wf/floorin
Mac F8235-02f
Po Box 10438
Des Moines, IA 50306
```

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK**

**STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)**

DEBTOR(S): **Mark Klein**
Camille Klein _____   **CASE NO.:**. _____

   Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor *(or any other petitioner)* hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

■ NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.:_____   JUDGE:_____   DISTRICT/DIVISION:_____

CASE STILL PENDING (Y/N):_____   [*If closed*] Date of closing:_____

 CURRENT STATUS OF RELATED CASE: _____
          (Discharged/awaiting discharge, confirmed, dismissed, etc.)

 MANNER IN WHICH CASES ARE RELATED *(Refer to NOTE above)*: _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.:_____   JUDGE:_____   DISTRICT/DIVISION:_____

CASE STILL PENDING (Y/N):_____   [*If closed*] Date of closing:_____

 CURRENT STATUS OF RELATED CASE: _____
          (Discharged/awaiting discharge, confirmed, dismissed, etc.)

 MANNER IN WHICH CASES ARE RELATED *(Refer to NOTE above)*: _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.:_____   JUDGE:_____   DISTRICT/DIVISION:_____

CASE STILL PENDING (Y/N):_____   [*If closed*] Date of closing:_____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____

(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED *(Refer to NOTE above)*: _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN
SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): __Y__

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Edward Delli Paoli, Esq. _____   _____
Edward Delli Paoli, Esq.
Signature of Debtor's Attorney   Signature of Pro Se Debtor/Petitioner
Edward Delli Paoli, Esq.
3295 Amboy Road, Suite 10   _____
Staten Island, NY 10306
7186680600 Fax:7189665679   Signature of Pro Se Joint Debtor/Petitioner

                                                                                    _____
                                                                                    Mailing Address of Debtor/Petitioner

                                                                                    _____
                                                                                    City, State, Zip Code

                                                                                    _____
                                                                                    Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.